

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Plans

Memorandum No. 03-90 MAA
Issued: November 13, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For further information, go to:
<http://maa.dshs.wa.gov/pharmacy/>

Subject: Maximum Allowable Cost List Update – Effective 12/01/03

Effective for dates of service on and after December 1, 2003, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) List;
2. Adjustments to the existing MAC List; and
3. Adjustments to existing CAWP prices.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 12/01/03
ELECTROLYTE, ORAL		SOLUTION	\$0.00280
FLUVOXAMINE MALEATE	50MG	TABLET	\$0.56440
FLUVOXAMINE MALEATE	100MG	TABLET	\$0.63470
LORATADINE	10MG	TABLET	\$0.36500
OXYCODONE HCL	5MG	CAPSULE	\$0.14500
PODOFILOX	0.5%	SOLUTION	\$25.3300
PYRIDOSTIGINE BROMIDE	60MG	TABLET	\$0.41700
SULFASALAZINE	500MG	TABLET DR	\$0.29640

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 12/01/03
ALBUTEROL	90MCG	AEROSOL	\$0.38730
ERYTHROMYCIN BASE/ BENZOYL PEROXIDE	3-5%	GEL	\$2.00440
INSULIN NPH HUMAN RECOM	100 U/ML	VIAL	\$2.57000
POTASSIUM CHLORIDE	10%	LIQUID	\$0.00410
TRIAMCINOLONE ACETONIDE	0.1%	PASTE	\$0.97400

3. CAWP Adjustments:

Generic Name	Strength	Form	CAWP Effective 12/01/03
METHYLPREDNISOLONE SOD SUCC (NDC 00009-0698-01 ONLY)	1000MG/ML	VIAL	\$17.00000
METHYLPREDNISOLONE SOD SUCC (NDC 00009-3389-01 ONLY)	1000MG/ML	VIAL	\$18.15000
TESTOSTERONE CYPIONATE (NDC 00009-0417-01 ONLY)	200MG/ML	VIAL	\$19.14000